

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09757763

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| | | |
|---|---------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 36 minus 20 = | * 16 |
| INDEPENDENT CLAIMS | 6 minus 3 = | * 3 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * 36 | Minus | ** 20 | = 16 |
| | Independent | * 6 | Minus | *** 3 | = 3 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| | | | | |
|-----------|--------|----|-----------|--------|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | 288 |
| X40= | | OR | X80= | 240 |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 1238 |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| | | | | |
|------------------|----------------|----|------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | 288.00 |
| X40= | | OR | 3X80= | 240.00 |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | | | | |
|------------------|----------------|----|------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | | | | |
|------------------|----------------|----|------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|-----------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>6600905</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| ✕ | Cert of Correction/Terminal Disc. | | 8/22/03 | \$ 100.00 | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | Overpayment | Treasury Check | | | | | | | | | |
| | Duplicate Payment | Credit Deposit A/C #: | | | | | | | | | |
| | No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table> | | | 2 | 3 | -- | 0 | 9 | 2 | 5 |
| 2 | 3 | -- | 0 | 9 | 2 | 5 | | | | | |
| <i>No fee required to correct office errors.</i> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Henry Randall</u> | | TITLE: <u>LIE</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>366-2817</u> | | | | | | | | | |
| OFFICE: <u>Certificate of Correction Branch</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**